



[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061]
[Insurance Nomination form - June 2024]

Form of Nomination for Death Insurance for CTC Employees

I SHAH ZEB KHAN s/d/w/o KHAN MAJ KHAN bearing
CNIC # 21209-09951907 working as CHW hereby
nominate the person/ persons mentioned below who is/ are member(s) of my family as
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.

(First choice)

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|----------------|------------------------|--------------------|
| <u>Rauf Khan</u> | <u>Brother</u> | <u>100%</u> | <u>03469699953</u> |
| <u>Riaz Khan</u> | <u>Brother</u> | <u>100%</u> | <u>03089191881</u> |

(In case of death of first choice) - 2nd Option

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|--------------|------------------------|--------------------|
| <u>Rauf Khan</u> | <u>Bro</u> | <u>100%</u> | <u>03469699953</u> |

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

5/09/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]